



Sam Houston State University
A Member of The Texas State University System
STUDENT FINANCIAL AID

RELEASE OF INFORMATION

Complete and return to:

Office of Student Financial Aid
Box 2328
Huntsville TX 77341-2328
936.294.1774 office
936.294.3668 fax

Applicant Name: _____ SSN/SAMID: _____

I grant Sam Houston State University permission to speak to the following individual(s):

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

SOCIAL SECURITY NUMBER _____

This is in regard to my financial aid application file and/or satisfactory academic progress (SAP) at Sam Houston State University. The above named individuals must be prepared to show proper identification when inquiring about my account. Proper identification could include a valid drivers' license or state-issued identification card, copy of social security card, or other pertinent information.

This consent form will remain in effect until revoked in writing.

Student Signature

Date